PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE 32172 7		Note: A certificate of mailing can only be used for domestic mailings of th Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.								
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APPLICATION NO.	FILING DATE	P. THADEMARY	FIRST NAMED INVENTOR ATTORNEY DOCKET NO.			NEY DOCKET NO.	CONFIRMA			
10/623,532 TITLE OF INVENTION: H	Takeo M TER, AND PF		04/2		N0029.1645 SZEWDIE2 000000		96 10623532			
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APPLN. TYPE	SMALL ENTITY	ISSUE F	FEE PUBLICATION F		=	тот	AL FEE(S) DUE	DATE	DUE	
nonprovisional	nonprovisional NO \$140		\$300			_	\$1700	04/25	/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS]				
TRAN, H	UAN HUU	2861		347-195000						
1. Change of correspondence CFR 1.363).	e address or indication of "F	ee Address" (37		ting on the patent front process of up to 3 registere	_		DICKSTEIN , SHAPIR), Morin & Os	HINSKY, LLP	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents (OR, alternatively,			•			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	(print or type)					-	
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be a 37 CFR 3.11. Completion	clow, no assignee of this form is NO	data will app T a substitute	ear on the patent. If an for filing an assignment.	assign	nee is ide	ntified below, the	locument has	been filed fo	
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Please check the appropriate	ssignee category or category	ries (will not be pr	inted on the p	atent): 🗖 Individual	Q o	orporation	n or other private gr	oup entity	Government	
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Advance Order - # o	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2215 (enclose an extra copy of this form).									
	(from status indicated above	-								
a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	ub. Applic	ant is no longer claiming	s SMA	LL ENTI	TY status. See 37 C	FR 1.27(g)(2)		

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032

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TRAD					ın				
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nun	nber	10/623,532-Conf. #4896			
FEE TRANSMITTAL				Filing Date		July 22, 2003			
				First Named Inv	entor/	Kei Suzuki			
For FY 2005				Examiner Name		H. H. Tran			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2861			
TOTAL AMOUNT OF PA	00	Attorney Docket No. N0029.1645							
METHOD OF PAYME	NT (check all t	that apply)							
Check X Credit	Card	Money Order	Non	e Other (please ider	ntify):			
Deposit Account Deposit Account Number: 50-2215 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP									
For the above-ide					ed to: (che	eck all that apply)			
	(s) indicated be	·		Ć	•			the filing fee	
Charge any	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of X Credit any overpayments								
` '	er 37 CFR 1.16	and 1.17							
FEE CALCULATION									
1. BASIC FILING, SEAR				DOLL FEE		NATION FEFS			
	FILIN	G FEES Small Entity	SEA	RCH FEES Small Entity	EXAMI	NATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)		<u>Fees</u>	Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	. 0	0	0	0			
2. EXCESS CLAIM FEES	;							Small Entity	
Fee Description							<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Each claim over 20 (inclu							50	25	
Each independent claim of	•	ng Reissues)					200	100	
Multiple dependent clain	ıs						360	180	
Total Claims Ext	ra Claims F	ee (\$)	Fee P	aid (\$)	<u>N</u>	lultiple Depende	nt Claims	È	
- 20 =	x	= _			<u>F</u>	<u>ee (\$)</u> <u>F</u>	ee Paid (<u>\$)</u>	
Indep. Claims Extr	ra Claims F	ee (\$)	Fee Pa	aid (\$)					
3 =	× _								
3. APPLICATION SIZE F If the specification and of		d 100 sheets o	of paper (excluding electro	onically f	iled sequence or	computer		
listings under 37 CFI	R 1.52(e)), the	application siz	e fee due	is \$250 (\$125 f					
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4. OTHER FEE(S)	,	750		(louid up to a wild	ile Hulliber)	^	Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00									
1504 Publication lee for early, voluntary, or normal						rmal	30	00.00	
	_80	01 Printed co	opy of p	atent w/o color			3	0.00	
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Signature	all AN			Registration No.	24 735	Telephone	(212) 89	96-5471	

Name (Print/Type)

Edward A. Meilman